Birth to 3 Program Parental Cost Share
Parent Statement of Income

FAMILY INFORMATION	
Child's Name	**Birth Date**
Family Size	**Number of children who currently participate in Birth to 3 Program**	**Number of children under age 19 who have a disability**

PROGRAM INFORMATION

Does your child receive Medical Assistance through the Katie Beckett Program?	**Does your child receive services through the Family Support Program?**
Yes___ **No**___	**Yes**___ **No**___
If your child receives this service, your family may have a cost share.	Your family will not have a cost share if you are currently paying a cost share for the Family Support Program.
Please proceed to Financial Information below.	*Please sign Parent Statement below.*

Please check the programs or services your child/family is eligible for or currently receives.

☐ Food Stamps   ☐ Medical Assistance (Not through Katie Beckett eligibility)

☐ W-2   ☐ Foster Care

☐ Free or Reduced lunch   ☐ Kinship Care

☐ Badger Care   ☐ SSI

☐ Healthy Start   ☐ WIC (without Katie Beckett MA)

If you checked any of the programs above, you do not have a cost share. *Please sign Parent Statement below.*

FINANCIAL INFORMATION

Please provide your annual income.* $ _____

   Annual income is the total income of the legally responsible parent(s) as reported on the parent(s)' most recent federal individual tax return.

PARENT STATEMENT

I understand that I am responsible for the cost share for services provided. If the cost share represents a financial difficulty, I can contact my Service Coordinator for a reevaluation at any time. To the best of my knowledge, the above information is an accurate statement of my current income and family status.

Parent Signature (REQUIRED)   **Date**

_____

Parent Signature   **Date**

_____

Parental Cost Share for _____ to _____ $ _____ = $ _____ per month
                    Month/Year   Month/Year

NON-DISCLOSURE STATEMENT

I have chosen not to release my financial information and agree to pay the maximum cost share of $1,800 annually or $150 per month.

Parent Signature   **Date**   **Parent Signature**   **Date**

_____   _____